



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Keith G. Weinstock and David Bush

Application No.: 09/417,507 Group Art Unit: 1645

Filed: October 14, 1999 Examiner: Navarro, Albert Mark

For: Nucleic Acid and Amino Acid Sequences Relating to *Aspergillus fumigatus* for Diagnostics

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>4/19/2007</u>	<u>Jennifer Menard</u>
Date	Signature
<u>Jennifer Menard</u>	
Typed or printed name of person signing certificate	

AMENDMENT TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith is an Amendment and Request for Continued Examination (RCE) for filing in the above-identified application.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)	(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	10	MINUS	*	28
INDEP	4	MINUS	**	10
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20

\*\* not fewer than 3

SMALL ENTITY			OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
X \$ 25	\$		X \$ 50	\$
X \$ 100	\$		X \$ 200	\$
+ \$ 180	\$		+ \$ 360	\$
TOTAL =	\$	0	TOTAL =	\$

Application No.: 09/417,507

Please charge Deposit Account No. 501040 for the following fees:

<input checked="" type="checkbox"/> [ X ]	Petition for four (4) month Extension of Time	\$ 1590.00
<input type="checkbox"/> [ ]	Amendment Fee	\$
<input checked="" type="checkbox"/> [ X ]	Other Fees:	
	Request for Continued Examination	\$ 790.00
		\$
		<hr/>
TOTAL:		<u>\$ 2380.00</u>

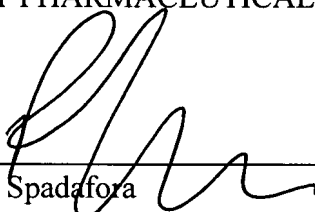
A check is enclosed in payment of the following fees:

<input type="checkbox"/> [ ]	Petition for [ ] month Extension of Time	\$
<input type="checkbox"/> [ ]	Amendment Fee	\$
<input type="checkbox"/> [ ]	Other Fees:	
		\$
		\$
		<hr/>
TOTAL:		<u>\$ 0</u>

☒ [ X ] A general authorization is hereby granted to charge Deposit Account No. 501040 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

OSCIENT PHARMACEUTICALS CORPORATION

By   
Robert L. Spadafora  
Registration No.: 46,197  
Telephone: (781) 398-2300  
Facsimile: (781) 398-2530

Waltham, Massachusetts 02451  
Dated:

4/19/07